FORM D

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15 2006

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per response . . 16.00



					06047282
Name of Offering Common Stock, \$0.000 par value per share	d name has changed, and	indicate chang	ge.)		
Filing Under (Check box(es) that apply): Rule 5 Type of Filing: New Filing Amendment	04 Rule 505	✓ Rule 5	506 🔲 S	ection 4(6)	ULOE
THE REPORT OF THE PROPERTY OF	. BASIC IDENTIFICAT	TION DATA	10 mm		
1. Enter the information requested about the issuer					
Name of Issuer check if this is an amendment and r Q-BA-MAZE, Inc.	name has changed, and in				
Address of Executive Offices (Num 420 North 5th Street, Suite 1050, Minneapolis, MN 554	ber and Street, City, State	e, Zip Code)	Telephone Nun (612) 379-	ber (Including Ar 4100	ea Code)
Address of Principal Business Operations (Num (If different from Executive Offices)	ber and Street, City, State	e, Zip Code)	Telephone Nun	ber (Including Ar	ea Code)
Brief Description of Business					
Q-BA-MAZE, Inc. is a toy company selling an interlocki	ing construction toy.				
				F	ROCESSEI
Type of Business Organization					050 40 0000
✓ corporation	nership, already formed	ſ	other (pleas	annosifia). D	SEP 19 2006
business trust limited part	nership, to be formed	ı	office (pieas	s specify):	THOMSON
. • • • • • • • • • • • • • • • • • • •	Month 0 3 letter U.S. Postal Service ada; FN for other foreign	abbreviation f	Actual for State:	Estimated M N	EINANCIAI
GENERAL INSTRUCTIONS					
Federal: Who Must File: All issuers making an offering of securities in 77d(6).	reliance on an exemption	under Regulat	tion D or Section	1 4(6), 17 CFR 230	0.501 et seq. or 15 U.S.
When to File: A notice must be filed no later than 15 days af Exchange Commission (SEC) on the earlier of the date it is re it is due, on the date it was mailed by United States registered	ceived by the SEC at the	address given			
Where to File: U.S. Securities and Exchange Commission, 45	50 Fifth Street, N.W., Wa	shington, D.C.	20549.		
Copies Required: Five (5) copies of this notice must be filed photocopies of the manually signed copy or bear typed or prin		hich must be r	nanually signed	. Any copies not	manually signed must
Information Required: A new filing must contain all information the information requested in Part C, and any material changes f with the SEC.	on requested. Amendment from the information prev	s need only rep iously supplied	oort the name of I in Parts A and I	the issuer and offer B. Part E and the A	ring, any changes there ppendix need not be fi
Filing Fee: There is no federal filing fee.					

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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			ITIFICATION DATA			
2. Enter the information red	quested for the follo	owing:				
 Each promoter of the 	issuer, if the issue	r has been organized within th	ne past five years;			
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity sec						
Each executive office	er and director of c	orporate issuers and of corpor	ate general and managing par	tners of partnership i	ssuers; and	
Each general and ma	naging partner of p	partnership issuers.				
Check Box(es) that Apply:	✓ Promoter	✓ Beneficial Owner	Executive Officer	✓ Director	Gene	ral and/or
Check Box(co) that rippily.	remete.	E Demondrat owner	E Zhoum ve emee.	E Bildetei	_	ging Partner
Full Name (Last name first, Comfort, Andrew	if individual)					
Business or Residence Addr	ess (Number and S	treet, City, State, Zin Code)				
420 North 5th Street, Sui	,					
Check Box(es) that Apply:	Promoter	✓ Beneficial Owner	Executive Officer	Director		ral and/or ging Partner
Full Name (Last name first,	if individual)					
Heath, Vernon						
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)				
7900 Xerxes Avenue So	uth, Suite 930, Bl	oomington, MN 55431				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director		ral and/or ging Partner
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		ral and/or ging Partner
Full Name (Last name first,	if individual)			· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director		ral and/or ging Partner
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		ral and/or ging Partner
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		ral and/or ging Partner
Full Name (Last name first,	if individual)		, , , , , , , , , , , , , , , , , , , ,			
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)				
	(Use b	lank sheet, or copy and use ad	ditional copies of this sheet, a 2 of 8	as necessary)		
					\\	

B: INFORMATION ABOUT OFFERING				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?				
Answer also in Appendix, Column 2, if filing under ULOE.				
2. What is the minimum investment that will be accepted from any individual? *This amount may be waived. 3. Does the offering permit joint ownership of a single unit?				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or simple remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker dealer only.	son (5)			
Full Name (Last name first, if individual)				
NO COMMISSIONS WILL BE PAID.				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IN] [IN] [IN] [IN] [MN] [MN] [MN] [MN] [MN] [MN] [MN] [M	[HI] [][MS] [][OR] [][WY] [States [ID] [MO] [PA] [PR] States [ID] [MO] [PA] [PR]		
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	All 5	States [ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.) $$\rm 3\ of\ 8$$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS				
i. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
Type of Security	Aggregate Offering Price	Amount Already Sold		
Debt	\$	\$		
Equity	\$ 450,000	\$ 60,000		
Convertible Securities (including warrants)	\$	\$		
Partnership Interests	\$	\$		
Other (Specify)	\$	\$		
Total	\$ <u>450,000</u>	\$ 60,000		
Answer also in Appendix, Column 4, if filing under ULOE.				
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate		
	Number Investors	Dollar Amount of Purchases		
Accredited Investors	3	\$ 60,000		
Non-accredited Investors		\$		
Total (for filings under Rule 504 only)		\$		
Answer also in Appendix, Column 4, if filing under ULOE.				
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
Type of Offering	Type of Security	Dollar Amount Sold		
Rule 505		\$		
Regulation A		\$		
Rule 504		\$		
Total		\$		
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer Agent's Fees		\$		
Printing and Engraving Costs		\$ 2,000		
Legal Fees		\$ 3,000		
Accounting Fees	· · · · · · · · · · · · · · · · · · ·	\$		
Engineering Fees		s		
Sales Commissions (specify finders' fees separately)				
		\$		
Other Expenses (identify)		\$		
Total		\$ 5,000		

	C.OFFERING I	RICE, NUMBER OF INVESTORS, EXPENSES	AND	USE O	E PROCEEDS) (() () () () () () () () ()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		offering price given in response to Part C - onse to Part C - Question 4.a. This difference is the					\$ 445,000
	for each of the purposes shown. If the amount	proceeds to the issuer used or proposed to be used for any purpose is not known, furnish an estimate The total of the payments listed must equal the response to Part C. Question 4 b above					
	aujusted gross proceeds to the issuer set form in	response to Part C - Question 4.0 above.		Off Direc	nent to icers, etors, & iliates		Payments to Others
	Salaries and fees			\$			\$
	Purchase of real estate			\$			\$
	Purchase, rental or leasing and installation of ma	chinery and equipment		\$ _			\$
	Construction or leasing of plant buildings and fac	silities		\$ <u></u>			\$
	Acquisition of other businesses (including the va	lue of securities involved in this offering that ies of another issuer pursuant to a merger)		\$	<u>.</u>		\$
	•		\Box	s —			\$
	Working capital			s —			\$ 445,000
	Other (specify):			s —			\$
				\$			\$
	Column Totals			\$ _		V	\$ 445,000
	Total Payments Listed (column totals added)				✓ \$	445,000)
a tă		D. FEDERAL SIGNATURE					
		the undersigned duly authorized person. If this not					
	the issuer to any non-accredited investor pursuant	the U.S. Securities and Exchange Commission, upon to paragraph (b)(2) of Rule 502.	1 WILLE	en requ	est of its staff,	me mioi	madon furnished
ssı	uer (Print or Type)	Signature A	Da	ite			
ე-	BA-MAZE, Inc.	In Inst		9	114/2	\propto	0
lai	me of Signer (Print or Type)	Title of Signer (Print or Type)					
٩r	ndrew Comfort	Chief Executive Officer					
					-		
						i	
_		ATTENTION					
		omissions of fact constitute federal criminal v		4.00			